

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e. 12 character/inch).

FORM 3	DANGEROUS WASTE PERMIT APPLICATION		I. EPA/STATE I.D. NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>W</td><td>A</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>8</td><td>9</td><td>6</td><td>7</td></tr></table>	W	A	7	8	9	0	0	0	8	9	6	7																																																																																							
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<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.</p>																																																																																																						
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>A. FIRST APPLICATION (place an "X" below and provide the appropriate date)</p><div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)</p><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">MO.</td><td style="width: 33%;">DAY</td><td style="width: 33%;">YEAR</td></tr><tr><td style="text-align: center;">03</td><td style="text-align: center;">18</td><td style="text-align: center;">1977</td></tr></table><p style="font-size: 0.8em;">*FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) *The date construction of the Hanford Facility commenced.</p></div><div style="width: 48%;"><p><input type="checkbox"/> 2. NEW FACILITY (Complete item below)</p><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">MO.</td><td style="width: 33%;">DAY</td><td style="width: 33%;">YEAR</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table><p style="font-size: 0.8em;">FOR NEW FACILITIES, PROVIDE THE DATE, (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p></div></div></div><div style="width: 48%;"><p>B. REVISED APPLICATION (place an "X" below and complete Section I above)</p><div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT</p></div><div style="width: 48%;"><p><input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT</p></div></div></div></div>				MO.	DAY	YEAR	03	18	1977	MO.	DAY	YEAR																																																																																										
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III. PROCESS - CODES AND CAPACITIES																																																																																																						
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<p>B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.</p>																																																																																																						
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EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks; one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																																						
A. PROCESS		B. PROCESS DESIGN CAPACITY																																																																																																				

LINE NUMBER	CODE (from list above)	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY			
X-1	S02	600	G				
X-2	T03	20	E				
1	D81	86,400	U				
2							
3							
4							
5							
6							
7							
8							
9							
10							

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (CODE "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

D81

The 216-A-37-1 Crib (Crib) began operation in March 1977 and was used for the percolation of the 242-A Evaporator (Evaporator) process condensate to the soil column. The process design capacity of 86,400 gallons (327,000 liters) per day is based on the daily output of the Evaporator process condensate discharged to the Crib. Discharge of the Evaporator process condensate to the Crib was terminated on April 12, 1989, when it was determined that the Evaporator process condensate contained or could have contained mixed waste regulated under Washington Administrative Code 173-303. The Crib is out of service and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

A. **DANGEROUS WASTE NUMBER** - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describe the characteristics and/or the toxic contaminants of those dangerous wastes.

B. **ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measuer which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE		METRIC UNIT OF MEASURE CODE	
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER - Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K054	900	P	T03	D80			
X-2	D002	400	P	T03	D80			
X-3	D001	100	P	T03	D80			
X-4	D002			T03	D80			included with above
1	F001	108,290,000	P	D81				Disposal - Landfill (Percolation)
2	F002		↓	↓				↓
3	F003		↓	↓				↓
4	F004		↓	↓				↓
5	F005		↓	↓				↓
6	WT02		↓	↓				Included With Above
7								
8								
9								
10								

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

The Crib was taken out of service on April 12, 1989, and no longer receives dangerous waste. A description of the dangerous waste discharged to the

VIII. FACILITY OWNER			
<input checked="" type="checkbox"/> A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.			
<input type="checkbox"/> B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:			
1. NAME OF FACILITY'S LEGAL OWNER			2. PHONE NO. (area code & no.)
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
IX. OWNER CERTIFICATION			
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>			
NAME (print or type)	SIGNATURE	DATE SIGNED	
John D. Wagoner, Manager U.S. Department of Energy Richland Operations Office	John D. Wagoner	06/30/1994	
X. OPERATOR CERTIFICATION			
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>			
NAME (print or type)	SIGNATURE	DATE SIGNED	
SEE ATTACHMENT			

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

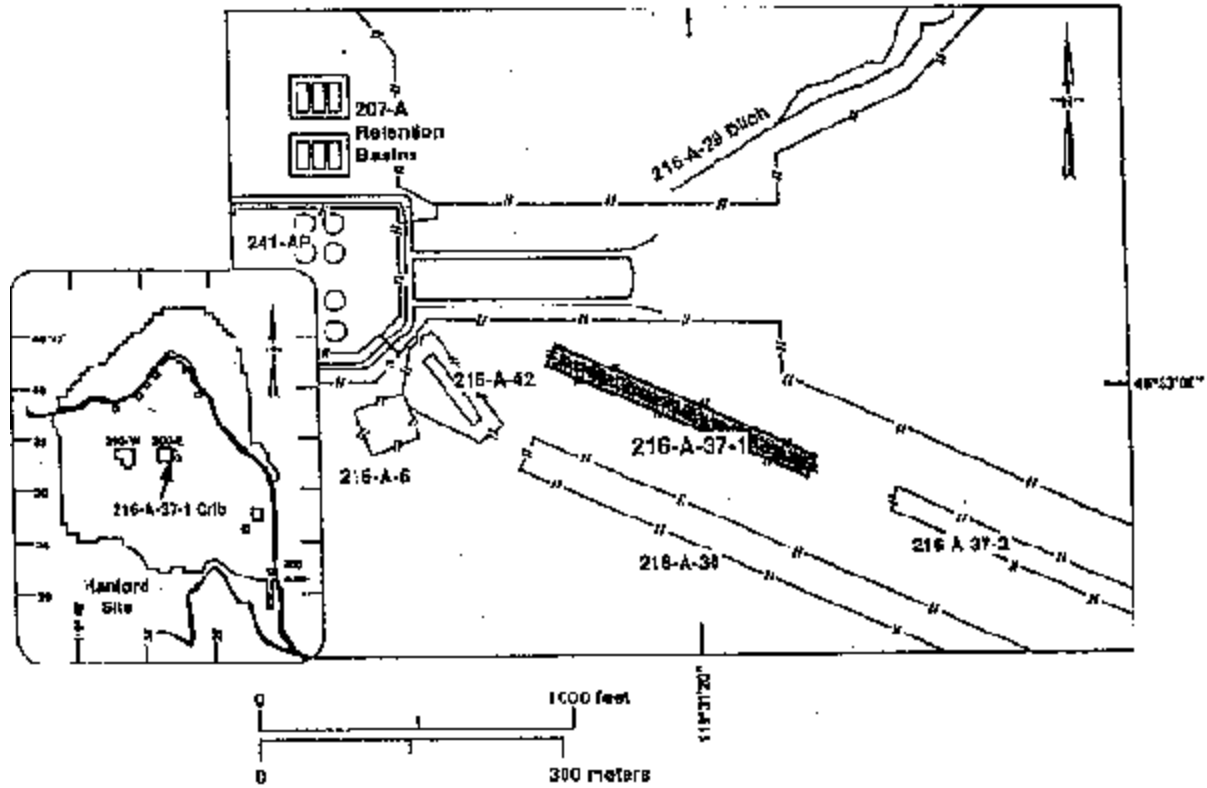
John D. Wagoner
Owner/Operator
John D. Wagoner, Manager
U.S. Department of Energy
Richland Operations Office

6/30/94
Date

Edward S. Keen
Co-Operator
Edward S. Keen, President
Bechtel Hanford, Inc.

6/30/94
Date

216-A-37-1 Crib Site Plan



39208103.4

216-A-37-1 Crib



46°33'00"
119°31'20"

8706421-25CN
(PHOTO TAKEN 1987)